	TE / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY
NAIVIE	Thomaides	SUFFIX	Date Received City Clerk OCT 4 2010
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; SIB Arizowa: SAN Marcos T		City of San ivrairos Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 757-4204	EXTENSION	Receipt # Amount Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Bibb NICKNAME LAST VNderwood	MI 	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; 1301 Brown S. SAW Marcos 7		ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 396-3177	EXTENSION	
9 REPORTTYPE	January 15 30th day before election Buly 15 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH	$\frac{Month}{9}$ / $\frac{23}{23}$	Year // O
11 ELECTION	Month Day Year ELECTION TYPE 11 / 2 / 10 Primary	Runoff	General Special
2 OFFICE	City Cornail Pl.	13 OFFICE SOUGHT (if known	YOR
I4 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name	ES MADE BY OTHERS WITHOUT THE	CANDIDATE'S PRIOR CONSENT OR APPROVAL.
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
	GO TO PAGI	F 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

		THE COLUMN TO TH				
15 C/OH NAME	ohn The	maidec	16 ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	FROM CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	GOWNWITTEL ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
additional pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	\$ 800.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6200.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 599.67			
•	4. TOTAL	POLITICAL EXPENDITURES	\$ 8,477.47			
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DESTING PERIOD				
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	THE \$			
19 AFFIDAVIT						
	HELLEY GOODWIN COMMISSION EXPIRES October 26, 2013		f perjury, that the accompanying report information required to be reported by			
		Signature of Can	didate or Officeholder			
AFFIX NOTARY STAME	P / SEAL ABOVE	11. 70	/			
Sworn to and subs	(1)01 9	m 10	This the my hand and seal of office.			
Shalle	1 Gran	Lutin Shelfer Good win	Notenita hir			
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath			

Egon,

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)		
	John Thomaides				
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
_	Andrew and Teresa H	dela	Contribution (\$)	description (ii applicable)	
7/14	6 Contributor address; City; State; Zip Code 1231 W. San Antonio		250.00		
	San Marces, TX 78666		(If travel outside	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I			
	, i		-		
Date	Full name of contributor		Amount of	In-kind contribution	
٦,	W.C. and Ludine Danie	ds	contribution (\$)	description (if applicable)	
1/12	Contributor address; City; State; Zip Code		100 00		
17	2300 Ridge Crest		100.00		
	San Marcos, TX 78666		(If traval autaida	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete scriedule 1)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
7/19	James Baker Contributor address: City; State; Zip Code 727 Belvin		500.00	description (if applicable)	
	San Marcos TX 78666		(If travel outside	of Texas, complete Schedule T)	
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rexas, complete ochedule 1)	
, (o,p.a.)	,				
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	Jane Hydrson		contribution (\$)	description (if applicable)	
71.0	Contributor address; City; State; Zip Code				
ルシ	1600 N.LBJ		100.00		
	San Marcos, TX 78666		•		
		F1	<u></u>	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
7,	Kyle Hahn		contribution (\$)	description (if applicable)	
1/16	Contributor address; City; State; Zip Code		3m 00	! [
, —	727 27	_	30	!	
	San Marcos TX 7866	06	(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I	,		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

(512) 463-5800

	lundamenting Coulds complete this	£	1 Total pages Sch	edule A:	
ine	Instruction Guide explains how to complete this	iom.	5		
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)	
	John Thomaides				
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution	
	Theodore and Thea I	> k o	contribution (\$)	description (if applicable)	
L		<i>pe</i>		7/- 00	
7/20	6 Contributor address; City; State; Zip Code 220 N. Johnson		500.00	350.00	
				Fundraiser	
	San Marcos, TX 78666		(If travel outside of	of Texas, complete Schedule T)	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
æ	Nicholas Hoover and Id	la Miller	σοπιωσιοπ (Φ)	accomplian (iii applicatio)	
8/.1	Contributor address; City; State; Zip Code		_		
9/4	BII W. Hopkins		100.00		
	San Marcos, TX 7866	_			
Dringing again		Employer (See I		of Texas, complete Schedule T)	
Principal occup	ation / Job title (See Instructions)	Limployer (See 1	nati dellona)		
Date	Full name of contributor)	Amount of	In-kind contribution	
	The H and Loa Am	Pica	contribution (\$)	description (if applicable)	
6	Timothy and Lea Ann Contributor address; City; State; Zip Code				
6/1-	104.W. Laurel Lane		100.00		
,12	•		100.	' 	
	San Marcos, TX 78666		(If travel outside o	of Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Ed and Bonnie Longcop	ج	l		
9/a	Contributor address; City; State; Zip ode		F 00		
	833 Belvin		500.00		
	San Marcos TX 78666		(If traval autoida a	of Toyon complete Schodule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution	
	James and Diana Bak	, .	contribution (\$)	description (if applicable)	
910	Contributor address; City; State; Zip Code	· ›	_		
'/ 9	727 Belvin		500.00		
	San Marcos, TX 78666				
				of Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)		

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SCHEDULE A

(512) 463-5800

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME	John Thomaides		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
919	Perry and Marianne 1 6 Contributor address; City; State; Zip Code	Moore	contribution (¢)	description (ii applicable)
1-1	740 Willow Ridge Dr.		400.00	
	San Marcos, TX 78666		(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
910	Gontributor address; City; State; Zip Code	illiams	contribution (\$)	description (if applicable)
119	135 Madisons Way		250.00	
	Buda, TX 78610		(If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution description (if applicable)
G,	Elevanor Butt Crook		contribution (\$)	description (if applicable)
1/q	Contributor address; City; State; Zip Code		1	
,	227 N. Mitchell		150.00	
	San Marcos, TX 78666		(If travel outside	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
_	Amy Meeks		contribution (\$)	description (if applicable)
9/0	Contributor address; City; State; Zip Code			
19	832 Belvin		150. =	
	San Marcos, TX 78666		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		ond, compute concard ()
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
91-	Randall & Kathy Mon	(<u>(`</u>)\$	contribution (\$)	description (if applicable)
12	333 Cheathan		150,00	
	Ban Marcos, TX 78666		(If travel outside	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		. Toxas, complete contended 1)
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	John Thomaides		3 ACCOUNT # (E	thics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#_William Powell		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
'/9	6 Contributor address; City; State; Zip Code 1103 W. Hopkins San Marcos TX 781de		100.00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	:	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ Lacry and Melesa Ya	ger	Amount of contribution (\$)	In-kind contribution description (if applicable)
7/9	Contributol address; City; State; Zip Code	G	100.00	
	San Marcos, TX 78666		(If travel outside o	of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions) ,	
Date	Full name of contributor _ out-of-state PAC (ID#_ Cd. Charles & Cherry V	Valts	Amount of contribution (\$)	In-kind contribution description (if applicable)
49	Contributor address; City; State; Zip Gode 1001 Burleson San Marcos, TX 78666		100.00	!
1				of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
119	733 Belvin San Mancos, TX 7866	(-	100.00	
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/9	Contributor address; City; State; Zip Code	usol	100 00	decemple. (ii applicable)
• 1	San Marcos TX 7866	6-	100,00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ii		of Texas, complete Schedule T)
······································				

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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME	John Thomaides		3 ACCOUNT # (E	ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/6	6 Contributor address; City; State; Zip Code		100.00	
	San Marcos, TX 7866	6	(If travel outside	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Ted and Frances Brewl	rain	Amount of contribution (\$)	In-kind contribution description (if applicable)
119	Contributor address; City; State; Zip Code P.O. Box 477		100.00	
	San Marcos, TX 7866-	7	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#: Tow McNair)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/9	Contributor address; City; State; Zip Code B22 Stage coach Trail		100.00	
	San Marcos TX 78666	,	(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
919	Contributor address; City; State; Zip Code Dept. Geography TV State University		200.00	
	San Marcos, TX 78666			l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/4	Contributor address; City; State; Zip Code			
				l of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See In	nstructions)	

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SCHEDULE F

	EXPENDITURE CA	ATEGORIES FOR BO	X 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Legal Services So Food/Beverage Expense Tr Polling Expense Tr	alaries/Wages/Contract Labo blicitation/Fundraising Exper avel In District avel Out Of District	nse Transporta Contributio Candid	ayment/Reimbursement htion Equipment & Related Expense htions/Donations Made By ate/Officeholder/Political Committee
Fees		ffice Overhead/Rental Expe		nter a category not listed above)
	The Instruction Guide ex	plains now to complete		2001 N.T. # (Ethica Commission Filoso)
1 Total pages Schedule F:	John Thoma	ides	3 A	CCOUNT # (Ethics Commission Filers)
4 Date 7/22/10	5 Payee name Eric Morales		and Marrier	
6 Amount (\$)	7 Payee address; City; State;	Zip Code		
\$ 250.00	San Marcos,	TX		
8 PURPOSE	(a) Category (See categories listed at the top of t	his schedule) (b) Desc	cription (If travel outs	ide of Texas, complete Schedule T)
OF EXPENDITURE	Event expense			
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office	e sought	Office held
	Pausanama			
7/29/10	Payee name Mott Lochma	eun		
Amount (\$)	Payee address; City; State	Zip Code		
du - 00				
4400.00	San Marcos, T)	۷		
PURPOSE	Category (See categories listed at the top of t	his schedule) Desc	cription (If travel outs	ide of Texas, complete Schedule T)
OF EXPENDITURE	Event expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	e sought	Office held
Date	Payee name			
7/30/10	Victory Store			
Amount (\$)	Payee address; City; State;			
\$ 2938.00	5200 SW 30th			
2650.	Davenport, LH	52802		
PURPOSE	Category (See categories listed at the top of t	his schedule) Des	cription (If travel outs	side of Texas, complete Schedule T)
OF EXPENDITURE	Printing expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office	e sought	Office held
Date	Payee name			
8/16/10	Print This			
Amount (\$)	Payee address; City; State	Zip Code		
\$175.00	600 W. Hopkins			
*125.00	San Marcos TX	78666		
PURPOSE	Category (See categories listed at the top of	this schedule) Des	cription (If travel outs	side of Texas, complete Schedule T)
OF EXPENDITURE	Printing Expense			
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office	e sought	Office held
	ATTACH ADDITIONAL COF	PIES OF THIS SCHEDU	LE AS NEEDED)

SCHEDULE F

(512) 463-5800

	EXPENDITURE	CATEGORIES F	OR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Cont		an Repayment/Reimbursement
Accounting/Banking Consulting Expense	Legal Services Food/Beverage Expense	Solicitation/Fundraisi Travel In District	-	ansportation Equipment & Related Expense ontributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District		Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rer	ntal Expense OT	THER (enter a category not listed above)
	The Instruction Guide	e explains how to co	mplete this form.	
1 Total pages Schedule F:	2 FILER NAME	(3 ACCOUNT # (Ethics Commission Filers)
204	John Thomai	des		
4 Date	5 Payee name			
8/18/10	Lowes			
6 Amount (\$)		tate; Zip Code		
	2211 H35 S.			
	Son Marcos, T)	X 78666		
8 PURPOSE	(a) Category (See categories listed at the to			ravel outside of Texas, complete Schedule T)
OF				
EXPENDITURE	Advertisinge	+pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholde r h ame H		Office sought	Office held
Date	Payee name			
8/19/10	College Dem	S		
Amount (\$)		tate; Zip Code	HALLEN TO THE	
\$100.00	San Marcos	XT,		
PURPOSE	Category (See categories listed at the to	p of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Gifts/Awards/Ma	modals		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
expenditure to benefit C/O	Н			
Date	Payee name			
8/23/10	Krint This			
Amount (\$)	Payee address; City; St	ate; Zip Code		
д	608 W. Hooking			
*308.00		V 70/1-1		
000	San Marcos, 1	X 76666	~ ~~~~	ravel outside of Texas, complete Schedule T)
PURPOSE OF	Category (See categories listed at the to	p or this schedule)	Description (in	rayer dutates of rexas, complete contents in
EXPENDITURE	Krinting Ofpens	L		
Complete ONLY if direct	Candidate / Officeholder name)	Office sought	Office held
expenditure to benefit C/O	H			
Date	Payee name			
8/27/10	USPS			
Amount (\$)		tate; Zip Code		
b ~				
⁸ 120.99	San Marcos, T	χ		
PURPOSE	Category (See categories listed at the to	pp of this schedule)	Description (If t	ravel outside of Texas, complete Schedule T)
OF EXPENDITURE	Mailina			
	Candidate / Officeholder name	<u> </u>	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/C			V	
	ATTACH ADDITIONAL C	COPIES OF THIS SO	CHEDULE AS NE	EDED

SCHEDULE F

Advertising Expense Accounting/Banking	EXPENDITURE Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra	ontract Labor Laising Expense		ent & Related Expense
Consulting Expense Event Expense Fees	Food/Beverage Expense Polling Expense	Travel In District Travel Out Of Dis	trict		der/Political Committee
rees	Printing Expense The Instruction Guide	Office Overhead/F explains how to	-	OTHER (enter a categ n.	ory not listed above)
1 Total pages Schedule F:	2 FILER NAME Thomas	des		3 ACCOUNT#(Ethics Commission Filers)
4 Date	5 Payee name				
8/30/10	Bosarge				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
\$200.00	San Marcos, T				
8 PURPOSE OF	(a) Category (See categories listed at the top		(b) Description (I	f travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	Contract Labo	>V			······································
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
Date 8/30/10	Payee name Southarass				
Amount (\$)		ate; Zip Code			
\$58.65	221 Sessoms T San Marcos, T		6		
PURPOSE OF	Category (See categories listed at the top			travel outside of Texas, co	mplete Schedule T)
EXPENDITURE	Food/Beverage				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder Hame H		Office sought		Office held
9/7/10	Payee name Print Place				
Amount (\$) 286.48	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description (If	travel outside of Texas, co	mplete Schedule T)
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
Amount (\$)	Payee address; City; Sta	te; Zip Code			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of	of this schedule)	Description (If	travel outside of Texas, cor	nplete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H		Office sought		Office held
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	EDED	

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense	Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor ising Expense	Loan Repayment/I Transportation Equ Contributions/Dona Candidate/Office	uipment & Related Expense
	The Instruction Guide	explains how to	complete this fo	·	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F:	2 FILER NAME Thomas	ides		3 ACCOUNT	# (Ethics Commission Filers)
4 Date 9/13/10	5 Payee name Bosarae				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code			
\$170.09	San Marcos	774			
8 PURPOSE OF	(a) Category (See categories listed at the top	of this schedule)	(b) Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE		> V			
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Pate 9/16/10	Payee name Advanced Cus	.tomer	Service		
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
\$ 2800.00	1931 Airlane Dr		•		
		7210			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sough	t	Office held
Date 9/20/10	Payee name				
Amount (\$)	Payee address; City; Sta	ate; Zip Code		****	
\$86.69	San Marcos, T	iΧ			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	<u> </u>	Office sough	t	Office held
Date	Payee name				
9123/10	Pizza Hut				
Amount (\$)	Payee address; City; Sta	ite; Zip Code			
\$ 57.52/-	San Marcos, T	K			
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
OF EXPENDITURE	Food/Beverage	_			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	<u>- L</u>	Office sough	t	Office held
	ATTACH ADDITIONAL CO	OPIES OF THIS S	SCHEDULE AS	NEEDED	